

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Protect Our Schools Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530667 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Evans/McNamara	Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">10</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">15</div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">2012</div> </div>
Mailing Address 20 Orchard Pl	
City State Zip Code Arlington MA 02476	Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">3343.00</div>
Purpose of Expenditure Media Production	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>
Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD R. TISEI	
Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">168492.84</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Transaction ID : SE.4131

Full Name (Last, First, Middle Initial) of Payee	Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;"> </div> </div>
Mailing Address	
City State Zip Code	Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>
Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure:	
Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">3343.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">3343.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

David N Martin

Signature [Electronically Filed] Date

M M /

D D /

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